

MONTHLY REPORT OF CONVULSIVE TREATMENTS ADMINISTERED

Facility: _____

☐ Check here if NO Convulsive Treatment to Report

Reporting Month: _____

☐ Check Here if NO Psychosurgery to Report

I.D. NUMBER AND AGE		LEGAL STATUS				SEX		ETHNICITY						PAYMENT SOURCE				ECT. Etc.	COMPLICATIONS				DEATH	AUTOPSY
Patient's Hospital Number	Age	Vol. Patient with informed consent	Invol. Patient incapable of content	Vol. Patient incapable of content	Invol. Patient incapable of consent	Female	Male	White	Black	Hispanic	Asian	American Indian	Other	PRIVATE	PUBLIC	3 RD PARTY OTHER	OTHER	TREATMENTS THIS MONTH	CARDIAC ARREST	FRACTURES	AREA	MEMORY LOSS		

SUBMIT REPORT TO:

STAT CLERK

PATIENTS' RIGHTS OFFICE

Los Angeles County – Department of Mental Health

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Los Angeles, CA 90020

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